

Vermont Elders and Persons with Disabilities Transportation Program Review

Submitted to:
**State of Vermont
Department of Aging
and Independent Living**

Submitted by:



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STATE OF VERMONT
AGENCY OF HUMAN SERVICES
Department of Aging and Independent Living

Commissioner's Office
103 South Main Street
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April 21, 2005

Dear Vermonter,

The 2004 Legislature directed the Department of Aging and Independent Living to review the Section 5311 Elders and Persons with Disabilities Transportation Program. This report presents the best and most detailed analysis to date of the current program services and unmet need. We want to thank the consultants, Wilbur Smith Associates and JSI Consulting, for their good work.

According to the findings of this report, the unmet need is quite substantial. Unfortunately, given the state's current fiscal situation, with an \$80 million deficit in Medicaid, we cannot afford to address this unmet demand in a significant way.

We can, however, take the other non-financial recommendations in the report to heart. Information about successful innovations can and should be documented and disseminated so they can be copied. We can clarify programs goals and objectives. And it would be useful to gather more specific information on needs.

We are all becoming more acutely aware of the increasing need for public transportation for elders and adults with disabilities. Not just to get to community services or medical appointments, but to shop, to work and to generally be a part of their communities. There is a general consensus not to lose sight of this important part of the system, even if we cannot find the funding today to fix all the problems. This report is a good foundation for our policy and budget discussions.

Sincerely,

A handwritten signature in cursive script that reads "Patrick Flood".

Patrick Flood, Commissioner

Vermont Elders and Persons with Disabilities Transportation Program Review

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SECTION 1: Introduction

In the 2000 U.S. Census, approximately 17 percent of Vermonters were aged 60 or more; forecasts for 2020 expect this portion of the population to increase to approximately 25 percent. In anticipation of this demographic change, Vermont has created policies that support ‘aging in place’ enabling Vermonters to remain in their homes and communities as long as they wish. The population of persons with disabilities aged between 21 and 64 was about nine percent or about 57,200 individuals. Consistent with programs and policies for elders, the State is providing increased choices for persons with disability to stay in their homes and communities.

As more elders and persons with disabilities stay in their communities, they require safe, reliable and affordable transportation to basic services and amenities. Transportation services can be difficult to provide efficiently to these populations, in part because requirements can vary by individual, by region and by day. The challenge, therefore, is to design and operate a flexible, responsive cost-effective set of travel options that are supportive of these populations and their care choices.

The research team of Wilbur Smith Associates (WSA) and JSI Research and Training Institute (JSI) was commissioned by the Vermont State Department of Disabilities, Aging and Independent Living (DAIL) to review the Elders and Persons with Disabilities Transportation (E&D) Program. Study objectives, as outlined by the VT General Assembly in Act 122 Section 146b of the 2003-2004 session, included:

- Examining the adequacy of funding and level of grants by recipients;
- Evaluating the current level of service provided;
- Assessing the adequacy of existing program monitoring mechanisms; and,
- Considering the impact of the Medicaid 1115 waiver on the E&D program.

This report presents and discusses the findings of this research assignment. After this introductory section, the report is organized into the following sections:

- Section 2: Overview of Vermont’s E&D Transportation Program
- Section 3 Research Approach
- Section 4 Program Success and Challenges
- Section 5 Client Experience and Perspective
- Section 6 Analysis of Unmet Need
- Section 7 Program Monitoring Mechanisms
- Section 8 Recommendations and Strategies

SECTION 2: Overview of Vermont's E&D Transportation Program

Vermont's current transit policy has several goals, one of which states that the State should, to the extent feasible, meet the transportation needs of elders and persons with disabilities. Accordingly, since the late 1980's Vermont Agency of Transportation (VTrans) has had a specific program to address this goal, the Vermont Elders and Persons with Disabilities Transportation Program (E&D transportation program). The E&D Transportation Program provides a variety of services, including trips for medical appointments, adult day, senior meals, employment and shopping.

Each year Vermont transfers federal funds from the Surface Transportation Program (STP) to provide these services. STP funds are awarded to local public transportation (and human service) organizations as Section 5311 grants to provide services; grant recipients must also match the State and federal funds with local resources, at 20 percent, although in some cases the local contribution is greater than 20 percent. Some transportation operators in the State use only cash resources for their matching funds, others match grant funds additionally with volunteer driver hours.

For the 2005 fiscal year, VTrans awarded E&D Program funds to nine public transportation providers and one human service organization. Public transportation providers are the designated brokers for regional transportation services; in this function they contract with local human service organizations and deliver the required transportation services. A list of FY 2005 5311 grantees is shown in **Appendix A**.

The goal of the E&D Transportation Program is to meet the unmet transportation needs for elders and persons with disabilities. The intent of the program, therefore, is to fill gaps in existing transportation services. In reality, however, diminishing resources across all programs has meant increasing numbers of individuals are relying on the E&D program to provide transportation services.

In FY 2004, approximately \$2.6 million was allocated to the E&D Transportation Program, including federal grants and local matching funds. In the same year, these resources provided 168,000 trips to approximately 5,800 clients. The program budget for FY 2005 is approximately \$2.8 million¹ (federal and local funds). The Statewide breakdown on how funds and trips were used in FY 2004 across program area is highlighted in **Table 1**.

¹ Estimated from first quarter program data.

Table 1: E&D Transportation Program – Resource and Service Allocation – FY 2004

Program Type	Dollars Spent	Proportion of Budget	Total Trips Provided	Proportion of all Trips
Kidney Dialysis	\$457,600	16.78%	16,508	9.13%
Non-Medicaid Medical	\$509,561	18.68%	27,612	15.26%
Senior Meals Programs	\$534,176	19.59%	44,150	24.40%
Adult Day Programs	\$436,399	16.00%	31,571	17.45%
Shopping/Personal	\$164,390	6.03%	15,625	8.64%
Vocational	\$492,863	18.07%	32,660	18.05%
Social/Recreation/Excursion	\$132,225	4.85%	12,800	7.06%
TOTAL	\$2,727,229	100%	180,906	100%

Source: DAIL and WSA

SECTION 3: Research Approach

Study objectives are to compile a comprehensive picture of the current E&D transportation program and analyze current service and resources levels, evaluate monitoring mechanisms and gauge program effectiveness. To this end, the research team collected and analyzed a series of primary and secondary data sources.

Qualitative Research

Qualitative research included a literature search, interviews with program stakeholders and focus groups with program participants and family caregivers. Each step provided a unique perspective on program structure, strengths and weaknesses and the effectiveness of services delivered.

Stakeholder Interviews

Members of the Study Team interviewed stakeholders representing organizations directly involved with providing transportation or other services related to the elder and disabled populations. These interviews were used to ascertain current service levels and operating challenges, discuss financial constraints and opportunities, and examine future service requirements as well as new program initiatives. The majority of interviews were conducted by telephone, although several were carried out in person. The research team conducted a total of 38 interviews. **Appendix B** includes both a complete list of organizations interviewed and the interview question guidelines.

Consumer Focus Groups

The research design included five focus groups, including three groups comprised of program participants (both elders and persons with disabilities) and two groups with family members and caregivers of elderly and persons with disabilities. The groups were designed to roughly represent the experiences and perspectives of the client population as well as broad geographic regions of the State. Key details on the focus groups including the moderator's guideline are included in **Appendix B**.

Project staff worked closely with relevant stakeholder organizations to organize the meetings and recruit participants. Flyers advertising the focus groups were also posted and distributed at relevant locations in an attempt to recruit participants not affiliated with any of the existing organizations.

Recruitment was successful for most groups, however, family members and caregivers of elders and persons with disabilities proved to be challenging with issues such as lack of available respite care posing a barrier for participation. Of the two focus group's recruiting family members and caregivers, one planned in Montpelier was redirected as a discussion with program participants. The second group planned to be held in Burlington successfully recruited family members, but in insufficient numbers for a focus group setting. In lieu of the group discussion, family members were contacted individually and interviewed by telephone using the same semi-structured and open ended question format. Approximately five family members were interviewed in this manner.

Ultimately 38 individuals participated in the focus groups/in-depth interview research, including:

- 13 persons with disabilities;
- 20 elders (which included elders with disabilities); and,
- 5 family members and caregivers.

Quantitative Research

Quantitative research included a review of existing program statistics, population forecasts and income distribution data available from the U.S. Census and other existing reports and studies. Quantitative data was combined with qualitative sources to gauge actual demand for elder and disabled person transportation services. Population forecasts and existing secondary data sources were used to determine future needs and the impact of the 1115 Medicaid Waiver.

SECTION 4: Program Success and Challenges

Overview

The E&D transportation program is complex. It serves a diverse population that includes all persons in the State of Vermont who are over the age of 60 and/or have a disability. While sharing several common attributes, these two populations are distinct and have different needs and expectations with regards to transportation. In addition, an individual's requirements for transportation services is dynamic; needs are influenced by changing internal and external circumstances. Travel needs, for example, vary with changes in health, employment status or residence. Even the weather can impact individual mobility; many elderly and persons with disabilities are able to drive or walk during daylight and in good weather but lose mobility in the winter or after dark.

The E&D program also delivers a diverse set of trips spanning regularly scheduled and ad hoc services. Even regularly scheduled trips vary greatly; travel to adult day centers and senior meals programs are typically shorter distances while on-going medical appointments such as dialysis treatments can require considerably longer travel. Likewise, some travelers require wheel-chair equipped vehicles while others can use taxis and buses. The E&D program also provides ad hoc services so that individuals can travel to medical appointments, conduct shopping and attend to personal business. Because demand for these services is variable, it is unpredictable and must be scheduled daily according to client requests and vehicle availability.

At the same time, most public transportation providers manage an even wider array of transportation services (i.e., fixed route, inter-city and other on-demand services) to a broader population (i.e., members of the general public, tourists and Medicaid beneficiaries). To further complicate the E&D program, the administration of the program has changed over the past few years; the most dramatic change regarding service delivery is the introduction of public transportation providers as regional transportation brokers.

Program Successes

A key finding is that, despite operating in such a complex environment, *Vermont's E&D Transportation Program is working*. The program is successfully transporting people to adult day centers, senior meals programs and medical appointments, among other destinations. In addition, most program participants reported good experiences with the services they are able to access; most services are timely, drivers are friendly and courteous and vehicles are comfortable. Key reasons for program success include:

- ***A high level of organizational commitment to the program*** – The Study Team observed a high level of commitment across all organizations involved in ensuring elders and persons with disabilities receive transportation services. Most are loathe to deny trips and several reported over-extending their resources in order to do this. As a result, many agencies have been innovative in seeking service delivery improvements, proactive about finding resources outside of E&D funds, and creative about finding and working with new partners. These efforts enable them to deliver more services than would otherwise be provided and realize efficiencies in service delivery.

- ***Generally good working relationships across agencies and organizations*** – Not only are individual organizations committed to the program, they generally appreciate and respect the needs and perspectives of the other stakeholders involved in this effort. These relationships have been essential during changes in program administration; a willingness to work together to solve problems has been a key factor in the programs continuity and success.
- ***Knowledgeable, engaged, and personal front line staff*** – Paramount among program success are front line staff persons who work directly with participants to process their eligibility and find them trips. In most cases, telephone dispatchers know their clients individually, understand their travel capabilities and work with them to find the most appropriate service for each trip. Many dispatchers also have extensive knowledge of the local transportation system. Because they know both the clients and the full range of service, dispatchers are often able to direct clients to the best possible mode on a day-by-day, trip-by-trip basis. Familiarity also improves client satisfaction.
- ***Strong network of volunteer drivers*** – Although many public transportation providers said it was difficult to maintain their network of volunteer drivers, nearly all said volunteer drivers were essential to keeping travel costs down and providing essential matching program resources.

Two additional factors contributing to program success are on-going efforts to improve how existing services are provided and organizations willingness to be proactive about finding additional funding sources. Without these efforts, many elders and persons with disabilities would not have access to the services they rely on. Innovations include:

- The Ticket to Ride program, currently in place at several locations around the State, which permits individuals who are not affiliated with any human service agencies to self-register for a limited number of discretionary personal trips;
- Public transportation agencies' efforts to develop new ways to maximize their use of vehicles, for example, by using vans during Senior Meal times to take other people shopping and on personal errands.
- Leveraging 5311 funds with private sector and non-profit non-federal grants to expand their funding base or working directly with private sector retail and commercial establishments (i.e., malls and large grocery services) to fund transportation services to their establishments.

Program Challenges

While achieving success, the E&D Transportation program also faces challenges. Most of the challenges have to do with equitably allocating limited resources while providing consistent and reliable services to an increasing number of program participants. Currently, the most significant challenges include:

- ***Perception of lack of control over program costs and services*** – The consolidation of transportation services to regional public transportation providers means many human service providers perceive a lack of control over transportation costs and consequently, less control over their ability to provide and deliver their services (i.e., adult day services, senior meals, etc.). Furthermore, as some public transportation providers in the State transition to a billing system whereby they charge actual trip costs and have the flexibility to change these charges monthly (to reflect changes in fuel prices, etc.), human service providers fear a lack of control over their ability to plan and budget for service delivery. Reliable transportation is essential to human service organizations, without it they cannot meet the needs of their clients.
- ***Sense of vulnerability to costs*** – Tight resources across the program means both public transportation and human service organizations feel vulnerable to external factors affecting the costs of their transportation services. There are no excess resources, therefore, events such as an increase in the federal mileage reimbursement rate from 37.5 cents to 40.5 cents, fluctuating fuel and insurance costs, the loss of a single volunteer driver or the addition of a single dialysis patient can have a significant impact on budgets. Because resources are stretched so tightly, it is challenging to ensure consistent and reliable services.
- ***Inconsistent service delivery over time*** – Recent changes in the program structure and administration and in some regions a lack of funds toward the end of the fiscal year have meant changes in program delivery. To people providing those services, inconsistencies in service delivery are a major challenge; to those receiving services, it is frustrating and discouraging. Several service providers noted that denying a single trip often means the caller will never call them again; anecdotal evidence also suggests that not only will the caller be reluctant to use services again, but s/he will tell friends and neighbors that services are no longer available meaning several people stop calling. Resulting decreases in services obscure true demand and can mean future resources are not allocated properly.
- ***Inconsistencies in travel prioritization and rationing*** – Marginal increases in program funding in the face of significant increases in program costs and participant levels has effectively meant decreasing levels of service. Accordingly, agencies have had to prioritize and ration services across populations and types of trips. The most popular rationing mechanisms include limiting trip numbers or setting budget caps for individuals. Regions are permitted to prioritize and rationalize service delivery independently (an exception to this is excursion trips which have been capped at five percent of the program budget by the State). While allowing regions to set their own priorities has clear advantages and disadvantages, it has meant in some areas well-organized sub-populations have overwhelmed the needs of other groups; persons with disabilities, in particular, report feeling outnumbered in this process.
- ***Disconnects between program and participant priorities*** – In most cases prioritization and rationing mechanisms were set by local human service and public transportation organizations without significant input from program participants.

As a result, some elders and persons with disabilities feel their priorities are not consistent with those set by those setting the goals. For example, many clients place a high value on quality of life trips to social activities and personal appointments, trips typically prioritized lower at the organization level. In addition, as organizations categorized trip types to reflect these priorities, their definitions effectively limited access to certain types of trip, sometimes in a seemingly arbitrary and inconsistent basis, frustrating participants. For example, some participants report being able to travel to physical therapy, but not to an exercise class. Likewise, they are granted a trip to a doctor's appointment but not a pharmacy.

- ***Lack of outreach or marketing efforts*** – Most organizations involved with the E&D transportation program recognize that outreach and marketing is important. Such efforts would expand participant awareness and facilitate a broader understanding of the types of services available and how services operate. Despite this, few public transportation organizations conduct outreach. Other than printed flyers available from some public transportation operators, very little information about existing services is made available to the public. This lack of outreach and marketing effectively creates a barrier for those individuals who qualify for the program but who are not affiliated with a particular organization.

SECTION 5: Client Experience and Perspective

Overview

Transportation is a critical part of people's lives. People with full mobility often take their ability to move about freely for granted. For elders and persons with disabilities it is often forefront on their mind "How am I going to get where I need to go today?" They must arrange and plan for travel in advance and rely on others to get them to where they want to go.

Generally speaking, many of the participants of the E&D program said they do have access to most of their essential trips, such as medical appointments. They were less confident, however, in their ability to access reliable transportation for vocational purposes and quality of life trips, services they need to be active and engaged in the community. Many individual elders and persons with disabilities are resourceful about finding solutions to immediate needs. Focus group participants spoke of how they barter for rides with home cooked meals or baked goods, but are frustrated by their inability to find flexible and reliable transportation options.

As program participants described their experiences with the E&D program, several important themes emerged:

- ***The need for increased flexibility*** – Depending on the complexity of an individual's health situation or household needs, planning and scheduling for travel often felt overwhelming. In most cases, people must plan for travel 48 hours in advance, making traveling to unexpected or unplanned events challenging. Members of both populations expressed frustration about planning activities around transportation; instead they want to plan transportation around their activities.
- ***The value of participating in the community*** – Many elders and persons with disabilities want to live active lives where they can participate in a wide variety of activities. Elders expressed the importance they placed on participating in church or religious activities, while persons with disabilities discussed attending town council meetings and volunteering at charitable organizations. To participate in these functions, they need transportation to get to them.
- ***The value of working*** – Persons with disabilities expressed frustration with transportation as a barrier to find and hold jobs; this was true for several people who worked or wanted to work full and/or part-time. Many persons with disabilities depend on regularly scheduled (fixed route) public transportation to get to work. While this works for some, others find jobs outside of city centers and/or that require working second or third shifts, schedules and locations not well supported by transit or conducive to

Interviewer: How do you coordinate transportation with your household's needs?

Response:
"I'm an organizational junkie." - Person with a disability.

"It's a lot cheaper to take us for a ride around everyday than it is to incarcerate or institutionalize us." – Elder

"I'm very frustrated with not being able to do what I want to do." – Elder

ridesharing. Many focus group participants said the stress of getting to and from work meant as soon as they got to work, they had to begin thinking about how to get home.

*“Our livelihood depends on transportation.”—
Person with a disability*

- ***Being able to provide for your family and run a home*** – Working age people with disabilities, especially those with dependants, spoke of daunting challenges trying to provide for their families and run the logistics of their home without reliable transportation. These challenges were especially daunting for people in rural areas where they must travel further for basic necessities. In addition, in rural areas, access to grocery stores, other basic needs and medical appointments were given a higher priority by persons with disabilities with dependents as compared with other focus group participants based upon the difficulty in accessing transportation at the frequency they needed.

- ***Information about available services is confusing*** – Across the State, focus group participants were frustrated with the lack of information regarding transportation services. At a typical focus group the discussion would begin with participants claiming that they understood what was available to them until they heard another participant talk about a transportation service of which they were unaware. Participants felt that accessing transportation services was difficult, with limited availability and schedules, and they did not understand why they had to endure additional complexities and continue to overcome barriers to get services that are available.

*I can't figure out who is available to do what.
I can't get the information, the phone numbers or the rules” -
Elder*

- ***A desire to overcome isolation*** – In most areas, E&D program prioritizes transportation to medical appointments, senior meals and adult day services, consequently social and recreation trips are very tightly rationed. Many seniors and persons with disabilities felt these social and recreation trips were among their highest priority because without them they had very little interaction with the rest of the world.

SECTION 6: Analysis of Unmet Need

The consultant team evaluated the current level of service to determine if existing funding is adequate to meet the needs of the population and what potential changes might be needed for future services. Our estimation of existing unmet needs includes expanding the existing program service level as well as the population of people served. It also provides a preliminary estimate of the scale of future resources required to serve the increasing populations. This section includes the following analyses:

- 6.1 Adequacy of Current Funding;
- 6.2 Impact of 1115 Waiver;
- 6.3 Future Service requirements; and,
- 6.4 Cost Comparison- Cost Associated with Next Best Alternative

6.1 Adequacy of Current Funding

Anecdotal evidence from both service providers and program participants includes demand for services in excess of those offered. Some service providers seek external funding sources to help them meet the gap between E&D grants and services requested. Agencies, such as Vocational Rehabilitation, whose participants qualify for the services, opt to over-spend their own resources when possible rather than compete with other deserving clients served by the E&D program. Or more often, their participants are unable to find and keep employment because of their lack of dependable transportation. Other information about unmet needs also appeared in reports of denied trips and calls from elders and persons with disabilities trying to find out how to access transportation services.

Another source of important evidence of unmet needs was found in three main places:

- The presence of trip rationing across nearly every geographic region of the State and program area;
- Lack of outreach or program marketing; and,
- Admission on the part of program administrators that although they recognize the importance of outreach, they do not market their programs for fear of straining already stretched resources.

To determine the true demand for transportation services, therefore, the analysis needs to assess current demand for programs and services based on:

- Removing existing prioritization and rationing mechanisms (i.e., providing more trips);
- Extending services to the wider, eligible population (i.e., serving more people); and
- Removing prioritization mechanisms and extending services (i.e., serving more trips and more people).

Service Extensions: Removing Prioritization and Rationing Mechanisms

The current E&D Transportation Program includes seven categories of trips (dialysis treatment, non-Medicaid medical, senior meals, adult day, employment/vocational, shopping/personal and social/recreational/excursion trips). To estimate the impact of removing prioritization and rationing mechanisms, the Study Team examined each program category independently to determine the minimal acceptable level of service that would meet the basic needs of existing participants.

Estimates were based on the existing population base. The Study Team broadly estimated that meeting the transportation needs of the current population would require:

- Increasing the number of trips by 225 percent from the current 168,000 trips per year to **380,000 trips**; and,
- Nearly doubling program costs to approximately **\$5.5 million per year** from approximately \$2.9 million (allocation for FY 2005);

This level of service provides, on average, 1.3 trips per week for each participant at an average **cost of approximately \$940 per participant per year or \$3.62 per participant per weekday**.

The current population of E&D program participants is approximately 5,850 persons or near three and one-half percent of the total population of elders and persons with disabilities (174,700)². All program cost estimates are based on recently reported first quarter FY 2005 average trip costs and are in current dollars. A more detailed explanation of assumptions used in this analysis is provided in **Appendix C**.

Dialysis Treatment³ – Provide three trips per week to dialysis patients needing assistance from this program. Currently, there are 108 dialysis patients participating in the E&D program (FY 2005) who, on average, receive 2.4 trips per week. Providing three trips per week to all patients increases program costs to \$548,000 per year, up from approximately \$430,000.

Non-Medicaid Medical Trips – Provide one non-Medicaid medical trip per month to each of the estimated 5,850 program participants. Currently, the program provides one trip per month for about 40 percent of participants. Accordingly, program costs would increase to \$1.3 million per year from an estimated \$490,000.

Trips to Senior Meal Sites/Senior Centers – Currently, the E&D program provides approximately two trips per week to seven percent of participants. Participation in the meals program, primarily due to funding cuts, has meant the senior meals programs is not

² Updated forecasts based on US Census 2000 Vermont; includes all persons aged 65 and over and the total population of persons with disabilities aged between 21 and 64. Assumes the proportion of persons with disabilities as a percentage of total population is constant over time.

³ Identification of unmet needs does not take into account efforts to expand the number of dialysis treatment facilities around the State. Additional treatment facilities, while not necessarily reducing the number of trips required, may lower average trip costs.

experiencing as much demand as other services. This is an area of the program, therefore, that is not expected to require additional funding. It is likely, however, that other services and programs offered by senior centers maintain current travel demand. Accordingly, we propose to keep program costs for the senior meals/senior centers constant at about \$550,000.

Adult Day Centers – Provide five trips per week to 30 percent of the 565⁴ adult day participants (FY 2004). Currently, program resources can provide five trips per week to approximately 22 percent of those in adult day services. Several adult day providers reported that between half to three-quarters of participants are eligible for Medicaid, the remainder rely on the E&D program for transportation. With these new services, program costs increase to \$600,000 per year from an estimated \$460,000.

Vocational Services – Provide three trips per week to eight hundred persons with disabilities. This need is based on statistics from a recent study of state employees⁵ that suggest about ten percent of employed persons with disabilities need help with transportation. Currently, program resources can provide three trips per week to approximately 54 persons. Several stakeholders noted that travel to/from employment is among the most under-funded of all trip categories, and a lack of transportation prevents people with disabilities from finding and holding jobs. Expanding vocational travel would increase program costs to approximately \$1.6 million per year from roughly \$440,000.

Shopping and Personal Trips – Provide two trips a month for shopping and personal trips to 50 percent of existing program participants. Currently, the program provides one trip per month to approximately 25 percent of the participants. As mentioned, many of the people interviewed said these trips are among the most important to them. Expanding this service would increase program costs to about \$740,000 per year from an estimated \$192,000.

Social and Recreational Trips– Provide four trips per year for social, recreational, and community participation purposes to 50 percent of existing program participants. Currently, the program provides about four trips per year to approximately 60 percent of the participants. This change would cost about \$102,000 per year, slightly less than FY 2004 spending on excursions and accounting for about two percent of the total program budget.

Serving a Larger Population

In FY 2004, the E&D program provided an estimated 168,000 trips to about 5,850 participants, thus, slightly more than three percent of the total population of elders and persons with disabilities use the program. The program is open to anyone over the age of 60 and/or who has a qualifying disability, regardless of income. At the same time, the program has changed considerably over the past few years and there has been little outreach or marketing to let people know how services have changed and what is currently available. Individuals who do not work with a case worker or do not have an affiliation with a human service agency, therefore, have very limited access to or knowledge of the E&D

⁴ DAIL Study; Shaping the Future of Long Term Care & Independent Living, Table 4: Actual and projected users of long term care services in Vermont 2003, 2008, 2013: Selected Programs and Services.

⁵ From Vocational Rehabilitation study; Vermont State Employee Disability and Diversity Survey Analysis, conducted in October 2003.

transportation program. Even participants currently using the E&D transportation program are not always aware of the full range of services available. Evidence suggests that reaching out to a wider population would increase participation rates.

Gauging the total population that would use the services if participation barriers were removed, however, is challenging. From a reporting perspective, very little information was collected about individual participants in the E&D Transportation Program. The Study Team does not know participation rates by age or income nor is there a break-down between the proportion of elders and persons with disabilities using this program. Therefore, the Team made broad assumptions about each of the two client populations.

Persons with Disabilities

The 2000 U.S. Census recorded a total population of persons with disabilities aged between 21 and 64 as approximately 57,200 about 9.4 percent of the total population in Vermont; 60 percent of these people were employed. For purposes of this research, the Study Team assumed the proportion of persons with disabilities in the total population would remain constant over time. In 2003, a study among state employees (the Vermont State Employee Disability and Diversity Survey) indicated that about 11 percent of disabled State employees need some help with transportation. Extrapolating from this data, we estimated the size of the population that the Study Team was approximately 4,000 persons; about 11 percent of population of employed persons with disabilities between the ages of 18 and 64.

Elders

Experience with other similar types of programs and services indicate that age and income are determining factors for participation in publicly funded programs. Elders closer to 60, for example, have higher incomes, are healthier and more likely to be mobile. Age and income levels, therefore, in consideration of other available programs (i.e. Medicaid) were used to guide the Study Team's estimation of the total elder population likely to use the E&D transportation program with greater outreach and fewer barriers to participation. Broad assumptions included:

- Elders with incomes greater than \$25,000, regardless of age, would not use this program;
- Persons aged 60 to 64 and with incomes less than \$15,000 would participate at a rate of 7.5 percent;
- Persons aged 65 to 74 and with incomes less than \$15,000 would participate at a rate of 15 percent;
- Persons aged 65 to 74 and with incomes between \$15,000 and \$24,000 would participate at a rate of 7.5 percent (half the rate of the lower income group);
- Persons aged 74 or more with incomes less than \$15,000 would participate at a rate of 30 percent; and,
- Persons aged 65 to 74 and with incomes between \$15,000 and \$24,000 would participate at a rate of 15 percent (half the rate of the lower income group).

Assuming this analysis, the total elder population likely to use the E&D program, with more marketing and outreach is 7,880 (2005); approximately seven percent of the total elder population.

Based on the assumptions for both persons with disabilities and those over the age of 60, with greater access, marketing and outreach, **an estimated 11,880 persons would use the program.** Assuming an average trip cost of \$14.15 and trip rate per participant (31.5 per year), **total program costs would rise to approximately \$5.4 million.** Details on the assumptions underlying this analysis are shown in **Appendix D.**

Combined Higher Service Level and Expanded Population

The potential exists to both increase service levels and reach out to a wider population; this level of program expansion would require an estimated \$10.9 million (in FY 2005). **Table 2** shows a comparison of existing costs of various scenarios for program expansion.

Table 2: Estimation of Unmet Need for E & D Transportation Program (FY 2005)

	Base Case (1) (current program)	Increased Trip Rates (2) (service expansion)	Increased Participation Rates (2) (population expansion)	Increased Trip and Participation Rates
Average annual trips/participant	31.5	65.00	31.5	65.00
No. of Participants	5,850	5,850	11,880	11,800
Average Trip Cost	\$15.15 (3)	\$14.15 (4)	\$15.15	\$14.15
Estimated Program Costs (Rounded)	\$2,800,00	\$5,400,000	\$5,700,000	\$10,900,000

Note (1) Base case data from Fiscal Year 2005 program data collected by DAIL

(2) Increased trip and participation rates from estimates prepared for this study

(3) Average trip costs estimated from first quarter FY 2005

(4) Average trip costs based on trip mix associated with expanded level of service.

Source: WSA

6.2 Impact of 1115 Medicaid Waiver Program

Medicaid is a joint federal-state program that was enacted by Congress in 1965, the same year Medicare was enacted. While Medicare provides medical assistance to those over 65 years old, Medicaid provides assistance primarily to families with low incomes and to individuals with disabilities, including people over 65 years old.

At the federal level, both Medicare and Medicaid are overseen by the Center for Medicare and Medicaid Services (CMS). Unlike Medicare, which is administered entirely by CMS, Medicaid is administered by each state, with some latitude in eligibility, services covered and operations, within broad federal guidelines. In an effort to increase flexibility and encourage innovation, Congress has given CMS the power to grant waivers.

The State of Vermont is currently applying for a Long Term Care Waiver demonstration program under the CMS's 1115 Medicaid Waiver Program. The goal of this demonstration program is to increase choices available to people in need of long term care, such as elders and adults with physical disabilities by providing more opportunities to receive home and community-based care. Vermont anticipates that given equal access to either nursing home facilities or home-based care, approximately 50 – 100 more individuals (per year) will chose home and community based services. As home-based care is less costly as compared with nursing facilities, under this Waiver program, the State expects to be able to serve more individuals with more appropriate services with the same amount of money.

Transportation Impacts

As individuals choose home and community based care instead of nursing facilities, their needs for transportation services will increase. As it is currently defined, the Waiver program will serve the highest need individuals first. Home based care typically involves adult day services or in some cases, home based care. Enhanced residential care (ERC), on the other hand, provides care in a residential setting, typically with some services.

All of the people who participate in the Waiver program, regardless of whether they opt for adult day, ERC, or other services will be eligible for Medicaid benefits, including transportation to/from medical appointments. This means transportation to/from adult day centers will be paid by Medicaid. Trips for shopping, personal errands and limited amounts of social and recreation purposes will be needed, but not paid for by the Medicaid program. In both cases it is assumed the majority of social and recreational functions as well as most physical therapies will take place at either the adult day or residential facility.

1115 Medicaid Waiver participants will likely be among the most frail elders and persons with disabilities. Their demand for transportation is anticipated to be minimal; they are unlikely to do their own grocery shopping or other errands, and occasional trips away from home not covered by Medicaid will likely be provided by an able friend or family member. For these reasons, the study team expects that while there will be a somewhat greater demand for Medicaid-funded transportation, the impact on the E&D program is not expected to be significant. Demand for E&D transportation services will be impacted more significantly by future demographic changes, as discussed elsewhere in this report.

6.3 Future Service Requirements

The population of Vermonters over the age of 60 has increased and will continue to increase over time; this is part of a larger demographic trend observed around the country whereby people are generally healthier and enjoying longer life spans. Without changes to the E&D program in terms of trip or participation rates, the demand for services will increasingly out pace the supply of services. The program currently serves slightly more than three percent of the population at a cost of about \$477 per participant per year.

The underlying population of elders and persons with disabilities is growing. To maintain, the same level of service to the same proportion of the population funding must also increase. **Table 3** shows the impact of the growing population on the E&D transportation program funding requirements, assuming no major changes from current program design or operations. All increases in cost, therefore, result from changes in the underlying population and inflation.

Table 3: Effect of Increasing Population on E&D Program Resources

	2005	2010	2015	2020
Elder and Disabled Population	174,662	197,631	225,436	254,281
Proportion of Population Served	3.3%	3.5%	3.5%	3.5%
Number of Persons in Program	5,850	6,917	7,890	8,900
Average Cost per Participant (1)	\$477	\$594	\$741	\$923
Total Program Cost (Rounded)	\$2,791,060	\$4,100,000	\$5,800,000	\$8,200,000

Notes: (1) Based on estimated FY 2005 program spending. Assumes a 4.5 percent annual inflation rate; a rate currently used for transportation services but one that is lower than recommended by Vermont Public Transportation Association (VPTA).

Source: WSA

SECTION 7: Program Monitoring Mechanisms

Monitoring mechanisms are designed to serve a wide variety of purposes, including to:

- Fulfill funding agency reporting requirements;
- Track activity levels (frequency and volume of participation);
- Evaluate success toward stated goals; and,
- Guide program planning.

An effective monitoring system is able to accomplish these goals by identifying essential reporting formats and collecting required data in as efficient and unobtrusive way possible. Some of these objectives are currently met by the monitoring mechanisms used for the E&D transportation program; the mechanisms are fulfilling funding agency reporting requirements and they are tracking activity levels.

Areas where the mechanisms are less successful, especially from the perspective of the local organizations providing services, relate to their ability to evaluate success toward stated goals and their effectiveness in guiding program planning. Accordingly most of the comments about the monitoring mechanisms came from local organizations that must collect the data and are often frustrated by the process.

- ***Federal and State reporting systems lack relevancy to some local partners*** – Several public transportation providers expressed frustration with the existing reporting required by the E&D transportation programs, because they felt the data was cumbersome to use or they did not feel it was used effectively.
- ***Federal and State reporting systems were essential to some local partners*** – Human service organizations served by the public transportation providers, on the other hand, felt close tracking of each trip, including what vehicle was used, the number of people who rode it, etc. was essential. They rely on this information to be sure they receive cost-effective services.
- ***No clear link between monitoring mechanisms and program goals locally*** – The E&D program largely allows regional organizations set their own goals and priorities for the delivery of services, yet monitoring mechanisms are prepared for State organizations. Accordingly, there is no clear link between the data local organizations collect and their planning goals. This means organizations collecting the data do not see a clear connection to their goals, nor can the data guide their planning efforts.

Recent State and federal planning initiatives have begun to focus program monitoring towards performance monitoring systems, whereby a program's effectiveness is measured against clear, stated goals in objective formats. Stated goals may include both State and local planning and performance objectives. Program goals should be designed to be consistent with other State planning initiatives and wider agency goals as well as meet federal requirements.

Local goals should be consistent with State goals, but also reflect the perspective of public transportation agencies and human service organizations, so that both partners agree on the goals and process for measuring success. This will enable State and local organizations to measure participation levels, cost effectiveness and consistency with goals.

SECTION 8: Recommendations and Strategies

The objective of this Study was to broadly evaluate the current service levels, adequacy of program funding and effectiveness of program monitoring mechanisms within a relatively short time and with limited resources. Nonetheless, the Study Team was able to compile ideas and recommendations that could strengthen program administration, improve service delivery and assist with planning for future services. Key findings and recommendations include:

- **Finding: Program funding is not adequate to meet needs and expectations of program participants.**

The Study Team concluded that current program funding is inadequate to meet the needs and expectations of program participants. While funding has increased annually, these increases have not kept pace with rising inflation or increasing rates of qualifying participants. As a result, the program is continually losing ground over time, both in the proportion of the population served and in the number of services provided.

Recommendation: To prevent decreasing service levels, future funding levels should be, at a minimum, tied to inflation costs and changes in the underlying population of qualifying program participants. **Strategy:** Inflation rates should be associated changing costs of transportation goods and services, such as insurance, wages and fuel, rather than general price or inflation indices. Program administrators also tie future program funding to a minimum participation rate, say five or seven percent of the total population of elders and persons with disabilities. These two steps will help ensure consistent service delivery and levels.

- **Finding: Public Transportation's cost allocation impacts human service organizations ability to deliver consistent and reliable services.**

Although not yet adopted across Vermont, several public transportation agencies are using a cost allocation system for their E&D transportation services that invoices local partners at the actual monthly program costs rather than a set rate. While a necessity for many public transportation providers, because costs can change from month to month, the cost allocation system creates uncertainty and presents challenges to human services organizations' as they try to plan and budget for services. An inability to plan and budget for essential services such as transportation, has led to considerable frustration on the part of the human service organizations. **Recommendation:** Practical approaches to addressing this issue should be identified, explored and compared; different options have advantages and disadvantages and require analysis and discussion with stakeholders to determine suitability.

- **Finding: Several local innovations have improved service delivery.**

This study has noted a number of best practices such as the Ticket to Ride program and strategies for leveraging of private funds to augment the program activities.

Recommendation: These innovations, including how they are implemented, funded and used, should be documented and disseminated so that other regions can learn from the experience. Likewise, as problems are identified in the needs assessment, the program should look for local, regional and national success stories that demonstrate effectiveness in addressing these problems. E&D program administrators can set up a

more formalized way of identifying, developing and sharing best (or promising) practices.

- **Finding: Local and State organizations view program objectives differently.**
While it is not uncommon for local and State organizations to have different program priorities, to the extent possible they should be in agreement on the program's main goals and function. General program goals and guidance are provided via the grant process, but discussions with stakeholders suggested that more specific and clear program goals articulated by the State would be useful by many organizations involved with the program. **Recommendation:** State agencies could form a working group of stakeholders in order to build consensus with local organizations so that the priorities and perspectives of all sides are included and program goals and objectives reflect administrators and participants. **Strategy:** Ultimately, as program goals and objectives are clarified, performance measurements can be developed that accurately reflect goals, assisting local and State planning and tracking efforts.
- **Finding: There is little information locally and nationally about elders and persons with disabilities' demand and expectations for transportation services.**
Despite considerable national and local attention on demographic changes, especially the impact of the aging population on public resources, very little information is available with regards to elders and persons with disabilities needs, expectations and demand for transportation services. **Recommendation:** The Study Team, therefore, recommends that the State conduct a more detailed needs assessment to understand the existing service levels and client perspectives. The on-going Needs Assessment being carried out amongst service providers by the Regional Planning Commissions is an important step. A similar needs assessment should also be carried out to with existing and potential program participants. This assessment would determine the universe of potential participants as well as client needs and expectations and future demand for services. While this Study did conduct consumer-based focus groups, it was limited in scale; results from these focus groups indicated, among other things, a mismatch between program administrators and client priorities. Carrying out needs assessments would develop a detailed understanding of available services, identify client needs and set a service baseline against which future services can be planned and changes can be measured.
- **Finding: There is a lack of clear, relevant performance mechanisms.**
Current program monitoring mechanisms summarize rather than evaluate and analyze the types of services are provided. While existing monitoring mechanisms meet federal funding requirements, they do not highlight success towards meeting the needs of program participants. Their ability to track changes in areas of program success and weakness and consequently future planning, is limited. **Recommendation:** Recent state and federal planning initiatives have begun to focus program monitoring towards systems that measure a program's effectiveness against clear, stated goals using a combination of performance measures and benchmarks. Performance measures track progress towards set goals while benchmarks compare performance across agency, region or program. **Strategy:** Both types of measurements can help those involved in delivering the service as well as those managing the program. Ideally highlight program

strengths and weaknesses (performance measures) and work to identify opportunities and threats (benchmarks). Additionally, this process should be coordinated with the Vermont transit policy plan and carried out in conjunction with a statewide goal setting exercise, so that performance monitoring systems focus on users of the program and help all stakeholders realize goals and desired outcomes.

- ***Finding:*** There is little to no outreach or marketing about E&D program and services.

As discussed, while stakeholders recognize the importance of marketing and outreach, few are involved in such programs. Despite fears associated with further strain on existing resources, program outreach and marketing should be carried out to ensure services associated with the E&D program are delivered in a consistent and reliable way.

Recommendation: The Study Team suggests, in conjunction with other ideas presented in this section (i.e. goal setting, performance monitoring mechanisms, funding etc.) that outreach efforts are carried out to deliver a clear and consistent message about the types of services available and how they are accessed. A transportation industry rule of thumb is spending on marketing should be equal to about three percent of operating expenses.

- ***Finding:*** Land use and urban form have a strong impact on the success of aging in place.

Population increases among Vermont's elders and persons with disabilities is well documented. Indeed, there are numerous on-going efforts by the State to understand the future needs of these groups and design programs to meet their needs. It is also widely understood that transportation will be at the forefront of program design and delivery. ***Recommendation:*** Understanding the impact of urban design/form on aging in place program is essential. For example, focus group findings revealed a largely contented group of elders living in Lyndonville, a small yet compact town setting. While they needed transportation to some services, they could walk to others, giving them a sense of independence and freedom. Likewise, seniors who are able to use fixed route bus services said the bus gave them independence and flexibility, among the most important attributes for successful aging in place.

Strategy: Opportunities to coordinate land use and transportation planning with human service program design should be pursued and explored. In some cases, there may be potential to build on "quality community" initiatives sponsored by federal agencies.

APPENDIX A: LIST OF 5311 GRANTEES (FY 2005)

Addison County Transit Resources (ACTR)
Chittenden County Transportation Authority (CCTA)
Connecticut River Transit (CRT)
Deerfield Valley Transit Association (DVTA)
Green Mountain Chapter of the American Red Cross (GMC/ARC)
Marble Valley Regional Transit District (MVRTD)
Northwest Vermont Public Transit Network (Network)
Rural Community Transit – Lamoille County (RCT)
Rural Community Transit – Northeast Kingdom (RCT)
Special Services Transportation Agency (SSTA)
Stagecoach Transportation Services, Inc. (STSI)

Vermont Association for the Blind and Visually Impaired (VABVI)
Green Mountain Transit Agency (GMTA)

APPENDIX B: QUALITATIVE RESEARCH
List of Stakeholder Interviews
Interview and Focus Group Guidelines

Stakeholder Interviews

Public Transportation Providers

1. Brattleboro Beeline
2. Connecticut River Transit
3. Deerfield Valley Regional Transit (Windham)
4. Chittenden County Transportation Authority
5. Green Mountain Transportation Authority
6. Rural Community Transit
7. Stagecoach (Randolf)
8. Marble Valley
9. Addison County Transit
10. SSTA

Adult Day Centers

1. Randolph Area Adult Day Services
2. Bennington Project Independence
3. Riverside Life Enrichment Center
4. VNA Adult Day Program
5. The Gathering Place
6. Club Respite
7. Grace Cottage Adult Day Services
8. Out & About
9. Springfield Area Adult Day Services
10. Oxbow Senior Independence Program

Area Agencies on Aging

1. Southwestern Vermont Council on Aging
2. Council on Aging Southeastern Vermont

Independent Organizations/Advocacy Groups

1. Vermont Center for Independent Living
2. Vermont Psychiatric Survivors
3. Bridges and Beyond
4. Champlain Islanders Developing Essential Resources (CIDER)
5. Vermont Association for the Blind and Visually Impaired (VABVI)
6. Windham County Retired Senior Volunteer Program
7. Vocational Rehabilitation, field office
8. Department of Case Management and Social Work, Fletcher Allen Health Care
9. Riders of Vermont (RoVer)

Miscellaneous Interviews/Discussions:

1. Vermont Public Transit Association (VPTA)
2. Vermont Agency of Transportation (VTrans)

3. Department of Disabilities, Aging, and Independent Living
4. Two Rivers Ottaquechee Regional Planning Commission
5. Windham Regional Planning Commission
6. Northwest Regional Planning Commission

Interview Guidelines

Interview Guidelines for Transit Agencies/Regional Planning Commissions

OVERVIEW

1. What types of E&D transportation services does your organization currently provide?
2. How have these services changed over the past few years?
3. How are E&D services impacting your organization?

FUNDING

4. How important is the 5310 program to your services?
5. Do you break-even financially with this program?
6. How do you allocate funding sources to different agencies?

SERVICE DELIVERY

7. How does your organization deliver E&D services?
8. How did you/are you creating this network?
9. Do you do any marketing or advertising for these services?
10. Has your organization established a basic level of service for E&D populations?
 - a. If yes, what is it? How did you set these baselines?
 - b. Are you able to achieve this basic service level? How? Why not?
 - c. Do you conduct research into needs and expectations? (Can we get a copy?)
11. How well do you feel you are meeting E&D population needs?
12. Are there ways you feel you could increase services to E&D? How?
13. How are you balancing fixed-route and demand response services?
14. How could state organizations/agencies help you with service delivery?
15. Is coordination an issue? Why or why not?
16. How do you think United We Ride will help?

OPERATIONS

17. Are there operations/efficiency/vehicle utilization/driver issues re: E&D services?
18. Do you have a special staff of drivers dedicated to service the E&D population?
19. What sort of training do you provide for your drivers – Paid? Volunteer?
20. Is the training adequate? What other kinds of training do they need?

FUTURE

21. What are some of the key factors you think determine demand for E&D services?
Do you think they will change over time?
22. What do you think the future will be for the E&D transportation program?
23. What needs to happen to make future programs successful?
24. What is your agency/organization doing right now to prepare for the future?

APPENDIX C: ASSUMPTIONS FOR ANALYSIS OF UNMET NEEDS

Total Number of Participants in E&D Program

Dialysis Trips	Dialysis Participants	110
	Cost per dialysis trip	\$31.9
	Total trips assume 3 trips/week all patients	17,160
	Cost for Trips	\$548,226
Medical Trips	Average Cost per Trip	\$19.4
	Total trips assume 1 trip/month/all participants	70,200
	Cost for Medical Trips	\$1,364,153
Senior Meals	Average Cost per Trip	\$12.4
	Total trips assume 2 trips/week/.07% of participants	42,588
	Cost for Senior Meals	\$528,530
Adult Day	Average Cost per Trip	\$13.7
	Number of people in adult day programs	565
	Total trips assume 5 trips/week/30% of adult day population	44070
	Cost for Adult Day	\$603,071
Vocational	Average Cost per Trip	\$13.1
	Population of Disabled Persons aged 18-64 Needs Assistance	3,986
	Total trips assume 3 trips/week/15%	124,358
	Cost for Disabled Trips to Work	\$1,633,289
Shopping/QoFL	Average Cost per Trip	\$10.5
	Total trips assume 2 trips/month/50% of participants	70,200
	Cost for Shopping/Quality of Life	\$738,925
Excursion	Average Cost per Trip	\$8.7
	Total trips assume 4 trips/year/50% of participants	11,700
	Cost for Excursions	\$101,973
Total Cost for Program		\$5,518,167
		380,276
<i>Actual Spending</i>		\$2,660,914
<i>Increase over actual spending</i>		\$2,857,252
<i>Percentage increase over previous year</i>		107.4%

APPENDIX D: ASSUMPTIONS FOR UNCONSTRAINED PARTICIPANT POPULATION

Base Case

	2003	2004	2005	2010	2015	2020
Elderly +60	101,827	101,827	114,222	135,906	162,460	189,968
Disabled 18-64	58,788	64,667	60,440	61,725	62,976	64,313
Total Population	160,615	166,494	174,662	197,631	225,436	254,281
No. Using E&D Trans.	5,813	5,813	<i>5,850</i>	<i>6,917</i>	<i>7,890</i>	<i>8,900</i>
As % of Population	3.6%	3.5%	3.3%	3.5%	3.5%	3.5%
Ave. Cost Per Participant	\$623.14	\$446.41	\$477	\$594	\$741	\$923
Total Trips Provided	309,395	168,126	184,275	217,888	248,543	280,345
Average No of Trips/Participant	53.2	28.9	31.5	31.5	31.5	31.5